

**CITY OF ROCKVILLE**  
Department of Recreation and Parks  
**AGREEMENT TO PARTICIPATE**

**Parents:** Please help your child read and understand the following agreement:

**PARTICIPANTS NAME:** \_\_\_\_\_

***I understand:***

1. That there are inherent dangers involved in participation in recreation activities such as  
\_\_\_\_\_
2. That I must be aware of the risks and hazards associated with participation in this activity, such as use of equipment, slips and falls, contact with other participants, and various injuries related to this activity.
3. The rules and regulations for each activity, as explained in any written materials an/or explained by staff.
4. That the possible consequence of participating in this activity includes the possibility of serious injury or even death.

***I agree:***

1. To obey the rules and regulations for this activity and to follow the directions of the staff.
2. To inform a staff member of any dangerous or potentially hazardous situations I may observe.
3. That if I do not understand how an activity is performed or how a piece of equipment is to be used I will ask a staff member prior to beginning the activity.
4. To inform a staff member if I have any problems meeting the physical requirements necessary for participation in this activity.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

Parent/Guardian: By my signature below I hereby certify that I have reviewed the above Agreement to participate with my child and that he/she understands his/her responsibilities as a participant.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

.....  
**RELEASE**

I know that participation in \_\_\_\_\_ (fill in) may be a hazardous activity and that my child should not participate unless he/she is in good physical shape and is medical able. I assume all risks associated with participation in this activity, including but not limited to those generally associated with this type of activity, the hazards of traveling the public highways, of accidents, of illness and of the forces of nature.

In consideration of the right to participate in the above –named activity or program or program and in further consideration of the arrangements made for my child by the Mayor and Council of Rockville through its Department of Recreation and Parks for food, travel, and the recreation, I do not hereby on behalf of my child, my heirs, executors, administrators, and assigns, assume the above-mentioned risks, and do not release, hold harmless, and indemnify the Mayor and Council of Rockville and all of its agents, officers and employees from any and all claims for injuries or losses to any person or property which may arise out of or result from my child's participation in the above referenced program or activity.

**I further grant permission for a doctor to administer emergency treatment to**

\_\_\_\_\_ (Name of child) \_\_\_\_\_ (age), in the event I cannot be reached in a medical emergency.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**CITY OF ROCKVILLE**

**PARENTS:** You must complete **both** sides of this form and send it with your child on the first day of program in order for him/her to participate.

**PARTICIPANT INFORMATION**

NAME OF CHILD \_\_\_\_\_ D.O.B. \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ APT# \_\_\_\_\_

PARENT/GUARDIAN'S NAME \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE (MR.) \_\_\_\_\_ (MRS) \_\_\_\_\_

CELL PHONE \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

**EMERGENCY CONTACT (OTHER THAN PARENT):**

1. NAME \_\_\_\_\_ PHONE \_\_\_\_\_

2. NAME \_\_\_\_\_ PHONE \_\_\_\_\_

**HEALTH HISTORY**

PLEASE LIST ALL ALLERGIES: \_\_\_\_\_

CHRONIC OR RECURRING ILLNESS: \_\_\_\_\_

OPERATIONS OR SERIOUS ILLNESS: \_\_\_\_\_

IS YOUR CHILD TAKING ANY MEDICATION? IF YES, WHAT TYPE? \_\_\_\_\_

NOTE: If your child needs assistance with any medication, you must notify the Recreation Office prior to the start of the program, 240-314-8620.

PHYSICIAN'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_

Any other concerns which would affect your child's participation in this activity/program? \_\_\_\_\_

If your child does not speak English, what is hi/her primary language? \_\_\_\_\_

Any specific activities to be encouraged or restricted? \_\_\_\_\_

**DISMISSAL AGREEMENT**

\_\_\_\_\_ Transported by car by parent/guardian or other authorize person(s) listed below (ID MUST BE PRESENTED):

1. NAME \_\_\_\_\_

2. NAME \_\_\_\_\_

\_\_\_\_\_ I GRANT PERMISSION FOR CITY STAFF TO ALLOW MY CHLD TO LEAVE UNESCORTED.

PARENT/GUARDIAN'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_